## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In Re Application of: Stephen ARKINSTALL et al.   |  |                         |                                       |                            |                |                | Art Unit: 1624          | Art Unit: 1624               |                |               |                   |  |
|---|--|-------------------------|---------------------------------------|----------------------------|----------------|----------------|-------------------------|------------------------------|----------------|---------------|-------------------|--|
| Application No.: 10/070,954   |  |                         |                                       |                            |                |                | Examiner: B. L. Coleman |                              |                |               |                   |  |
| Filed: July 22, 2002  |  |                         |                                       |                            |                |                | Washington, D.C.        |                              |                |               |                   |  |
| For: PHARMACEUTICALLY ACTIVE SULFONAMIDE DERIVATIVES  |  |                         |                                       |                            |                |                | Atty.'s Docket: Al      | Atty.'s Docket: ARKINSTALL=1 |                |               |                   |  |
|   |  |                         |                                       |                            |                |                |                         | Date: May 27, 2008           |                |               |                   |  |
| THE COMMISSIONER OF PATENTS U.S. Patent and Trademark Office Customer Service Window Randolph Building, Mall Stop AF 401 Dulany Street Alexandria, VA 22314   |  |                         |                                       |                            |                |                | Confirmation No. 4903   |                              |                |               |                   |  |
| Sir:  |  |                         |                                       |                            |                |                |                         |                              |                |               |                   |  |
| [ ]   | nitted herewith is a [XX<br>Small Entity Status: A<br>No additional fee is red<br>The fee has been calc  | applicant(s) of quired. | claim small entity sta                |                            |                | itified applic | ation.                  |                              |                |               |                   |  |
|   | (Col. 1) (Col. 2) (Col. 3)   |                         |                                       |                            |                | SMA            | ALL ENTITY              | _                            |                | THER THAN     | SMALL ENTITY      |  |
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                         | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA<br>EQUALS |                | RATE           | ADDITIONAL<br>FEE       | OR                           |                | RATE          | ADDITIONAL<br>FEE |  |
| TOTAL   |  | MINUS                   | ** 20                                 | 0                          | <u> </u>       | 25             | \$                      |                              | x              | 50            | \$                |  |
| INDEP   |  | MINUS                   | *** 3                                 | 0                          | <u>  x</u>     | 105            | \$                      | -                            | . X            | 210           | \$                |  |
| FIRST   | PRESENTATION OF  | MULTIPLE                | DEP. CLAIM                            |                            | <br>ADDITIONAL | 185            | .L.   \$                | OR                           | <sup>*</sup> + | 370<br>TOTAL  | \$                |  |
| <ul> <li>If the "Highest Number Previously Paid for" IN THIS SPACE is less than 3, write "3" in this space.</li> <li>The "Highest Number Previously Paid For" (total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment of the number of claims originally filed.</li> <li>[XX] Conditional Petition for Extension of Time If any extension of time for a response is required, applicant requests that this be considered a petition therefor.</li> <li>[XX] It is hereby petitioned for an extension of time in accordance with 37 CFR 1.136(a). The appropriate fee required by 37 CFR 1.17 is calculated as shown below:</li> </ul> |  |                         |                                       |                            |                |                |                         |                              |                |               |                   |  |
| [^\]  | it is nereby petitioned  | ioi an exten            | Sion of time in acco                  | idance with 57             | CFK 1.130(a)   | . тне аррго    | opriate lee required by | oi CFK I                     | 1.17 18        | calculated as | s snown below.    |  |
| Small Entity       Other Than Small Entity         Response Filed Within       Response Filed Within         [ ] First - \$ 60.00       [ ] First - \$ 120.00         [ ] Second - \$ 230.00       [XX] Second - \$ 460.00         [ ] Third - \$ 525.00       [ ] Third - \$ 1050.00         [ ] Fourth - \$ 820.00       [ ] Fourth - \$ 1640.00         Month After Time Period Set       Month After Time Period Set  |  |                         |                                       |                            |                |                |                         |                              |                |               |                   |  |
|   | [XX] Less fees (\$12)  | 0.00) alread            | y paid for 1 month(s                  | s) extension of ti         | ime on April 2 | 4, 2008.       |                         |                              |                |               |                   |  |
| [ ]   | Please charge my Deposit Account No. 02-4035 in the amount of \$   |                         |                                       |                            |                |                |                         |                              |                |               |                   |  |
| [XX]  | Payment in the amount of \$340.00 will be made using the on-line filing system.  |                         |                                       |                            |                |                |                         |                              |                |               |                   |  |
| [ ]   | A check in the amount  | t of \$                 | is attach                             | ed (check no. )            | ).             |                |                         |                              |                |               |                   |  |
|   | X] The Commissioner is hereby authorized and requested to charge any additional fees which may be required in connection with this application or credit any overpayment to Deposit Account No. 02-4035. This authorization and request is not limited to payment of all fees associated with this communication, including any Extension of Time fee, not covered by check or specific authorization, but is also intended to include all fees for the presentation of extra claims under 37 CFR §1.16 and all patent processing fees under 37 CFR §1.17 throughout the prosecution of the case. This blanket authorization does <u>not</u> include patent issue fees under 37 CFR §1.18. |                         |                                       |                            |                |                |                         |                              |                |               |                   |  |
|   |  | BROV                    | BROWDY AND NEIMARK, P.L.L.C.          |                            |                |                |                         |                              |                |               |                   |  |
|   |  |                         |                                       |                            |                |                | Attorn                  | eys for A                    | pplica         | nt(s)         |                   |  |

By: /Anne M. Kornbau/ Anne M. Kornbau Registration No. 25,884

Facsimile: (202) 73 Telephone: (202) 63

(202) 737-3528 (202) 628-5197